

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2007****Open to Public Inspection**Department of the  
Treasury  
Internal Revenue  
Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type. See  
Specific  
Instruc-  
tions.**C Name of organization**

HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

Number and street (or P O box if mail is not delivered to street address) Room/suite  
27200 CALAROGA AVECity or town, state or country, and ZIP + 4  
HAYWARD, CA 945454383**D Employer identification number**

94-1668344

**E Telephone number**

(510) 264-4107

**F Accounting method** ☐ Cash ☒ Accrual

☐ Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I Group Exemption Number** \_\_\_\_\_

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**G Web site:** www.strosehospital.org**J Organization type** (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12: 128,539,459**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received					
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	302,920		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	1,275,945		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	103,016		
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,351,063 noncash \$ 330,818 )	<b>1e</b>		1,681,881	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		126,355,913	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>		20,113	
<b>6a</b>	Gross rents	<b>6a</b>	57,936		
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) subtract line 6b from line 6a	<b>6c</b>		57,936	
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8c</b>			
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>8d</b>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		423,616	
<b>12</b>	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		128,539,459	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		116,484,402	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		11,017,638	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> Add lines 16 and 44, column (A)	<b>17</b>		127,502,040	
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>		1,037,419	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		16,499,256	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		-3,111,106	
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>		14,425,569	

**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	<b>25a</b>	908,429	644,759	263,670	
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	65,169,178	60,113,007	5,056,171	
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>	1,621,662	1,621,662		
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	5,421,901	5,420,954	947	
<b>29</b>	Payroll taxes	<b>29</b>	4,394,695	4,394,695		
<b>30</b>	Professional fundraising fees	<b>30</b>				
<b>31</b>	Accounting fees	<b>31</b>	179,499		179,499	
<b>32</b>	Legal fees	<b>32</b>	350,456		350,456	
<b>33</b>	Supplies	<b>33</b>	14,509,418	14,047,094	462,324	
<b>34</b>	Telephone	<b>34</b>	181,079	44,195	136,884	
<b>35</b>	Postage and shipping	<b>35</b>	100,279	4,221	96,058	
<b>36</b>	Occupancy	<b>36</b>	194,773	162,880	31,893	
<b>37</b>	Equipment rental and maintenance	<b>37</b>	3,994,328	3,110,923	883,405	
<b>38</b>	Printing and publications	<b>38</b>	128,184	35,478	92,706	
<b>39</b>	Travel	<b>39</b>	6,998	1,474	5,524	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	64,108	36,687	27,421	
<b>41</b>	Interest	<b>41</b>	1,937,421	1,937,421		
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b>	1,939,197	1,939,197		
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	PROVISION FOR BAD DEBTS	<b>43a</b>	11,772,735	11,772,735		
<b>b</b>	PURCHASED SERVICES	<b>43b</b>	6,160,586	4,874,502	1,286,084	
<b>c</b>	professional fees	<b>43c</b>	3,938,217	3,672,908	265,309	
<b>d</b>	INSURANCE	<b>43d</b>	1,164,015	16,232	1,147,783	
<b>e</b>	utilities	<b>43e</b>	1,072,896	1,072,896		
<b>f</b>	OTHER EXPENSES	<b>43f</b>	1,346,859	615,355	731,504	
<b>g</b>	Patient Assistance Expense	<b>43g</b>	945,127	945,127		
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	127,502,040	116,484,402	11,017,638	0

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>See Statement 15</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> The primary service includes primary and secondary medical/ surgical services, critical care and intensive care service, 24-hour emergency services, family birthing center, skilled nursing service, cardiac services, an occupational health clinic service, rehabilitation, pediatric clinic, mobile van clinic, outpatient surgery and laboratory/ imaging services</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>116,484,402</p>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .</p>	<p>116,484,402</p>

**Part IV Balance Sheets (See the instructions.)**

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>45</b>	Cash—non-interest-bearing . . . . .		-57,966	<b>45</b>	5,126,788
<b>46</b>	Savings and temporary cash investments . . . . .		293,385	<b>46</b>	1,895,639
<b>47a</b>	Accounts receivable . . . . .	<b>47a</b>	109,985,809		
<b>b</b>	Less allowance for doubtful accounts . . . . .	<b>47b</b>	81,565,316		
			25,683,550	<b>47c</b>	28,420,493
<b>48a</b>	Pledges receivable . . . . .	<b>48a</b>			
<b>b</b>	Less allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>	
<b>49</b>	Grants receivable . . . . .			<b>49</b>	
<b>50a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>	
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
<b>b</b>	Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
<b>52</b>	Inventories for sale or use . . . . .		1,179,822	<b>52</b>	1,189,006
<b>53</b>	Prepaid expenses and deferred charges . . . . .		484,155	<b>53</b>	1,055,050
<b>54a</b>	Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .		8,171	<b>54a</b>	7,169
<b>b</b>	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .			<b>54b</b>	
<b>55a</b>	Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b>	Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b>	Investments—other (attach schedule) . . . . .			<b>56</b>	
<b>57a</b>	Land, buildings, and equipment basis . . . . .	<b>57a</b>	58,729,592		
<b>b</b>	Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	43,326,259		
			16,403,349	<b>57c</b>	15,403,333
<b>58</b>	Other assets, including program-related investments (describe <input type="checkbox"/> ) . . . . .		15,150,978	<b>58</b>	11,983,907
<b>59</b>	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		59,145,444	<b>59</b>	65,081,385
<b>60</b>	Accounts payable and accrued expenses . . . . .		8,564,037	<b>60</b>	10,402,874
<b>61</b>	Grants payable . . . . .			<b>61</b>	
<b>62</b>	Deferred revenue . . . . .			<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule) . . . . .		24,489,585	<b>64b</b>	25,240,216
<b>65</b>	Other liabilities (describe <input type="checkbox"/> ) . . . . .		9,592,566	<b>65</b>	15,012,726
<b>66</b>	<b>Total liabilities</b> Add lines 60 through 65 . . . . .		42,646,188	<b>66</b>	50,655,816
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
<b>67</b>	Unrestricted . . . . .		15,500,098	<b>67</b>	13,551,119
<b>68</b>	Temporarily restricted . . . . .		999,158	<b>68</b>	874,450
<b>69</b>	Permanently restricted . . . . .			<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
<b>70</b>	Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
<b>73</b>	<b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		16,499,256	<b>73</b>	14,425,569
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		59,145,444	<b>74</b>	65,081,385

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	124,483,252
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-1,002
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	-4,055,205
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-4,056,207
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	128,539,459
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b>		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-4,056,207
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	128,539,459

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	126,556,913
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	126,556,913
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	945,127	
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>	945,127
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	127,502,040

[illegible]



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		No
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>			
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
<b>c</b>	Dues assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>	No
<b>b</b>	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	<b>88b</b>	Yes
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	No
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b>	<b>All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	No
<b>f</b>	<b>All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract?	<b>89f</b>	No
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	No
<b>90a</b>	List the states with which a copy of this return is filed <u>CA</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>	907
<b>91a</b>	The books are in care of <u>michael french controller</u> Telephone no <u>(510) 264-4110</u> <u>27200 calaroga avenue</u> Located at <u>hayward, CA</u> ZIP + 4 <u>94545</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>91b</b>	No
	If "Yes," enter the name of the foreign country <u></u>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes

No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Net patient revenue					54,174,663
b					
c					
d					
e					
f Medicare/Medicaid payments					72,181,250
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	20,113	
97 Net rental income or (loss) from real estate					
a debt-financed property			03	57,936	
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Other revenue					423,616
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				78,049	126,779,529
105 Total (add line 104, columns (B), (D), and (E))					126,857,578

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	Income received from providing inpatient and outpatient service in connection with the operation of an acute care hospital
93f	Income received from providing inpatient and outpatient service in connection with the operation of an acute care hospital
103a	Income from health related programs to benefit the community serviced by the hospital

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				<b>Yes</b>	<b>No</b>
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>				0	

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				<b>Yes</b>	<b>No</b>
				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	ST ROSE HOSPITAL FOUNDATION 27200 CALAROGA AVENUE HAYWARD, CA 94545	942428886	contributions in support of hospital operations	1,275,945	
<b>Totals</b>				1,275,945	

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				<b>Yes</b>	<b>No</b>
					No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	*****	2009-08-10	
	Signature of officer	Date	
	Michael Taylor sVP/CFO Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	MOSS ADAMS LLP ONE CALIFORNIA STREET 4TH FLOOR SAN FRANCISCO, CA 94111			Phone no (415) 956-1500

**SCHEDULE A**  
**(Form 990 or**  
**990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2007**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

Employer identification number

94-1668344

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
gary heist 27200 calaroga ave hayward, CA 94545	SVS supervisor 40 00	264,741	25,063	0
joanna richards 27200 calaroga ave hayward, CA 94545	crna 60 00	212,753	25,382	0
ARNETTE ASBURY 27200 calaroga ave hayward, CA 94545	CHARGE RN II 40 00	202,038	21,597	0
ELSA RODRIGUEZ 27200 calaroga ave hayward, CA 94545	Charge RN II 40 00	194,136	27,845	0
John anthony Ashley 27200 calaroga ave hayward, CA 94545	RN II 40 00	198,101	11,778	0
Total number of other employees paid over \$50,000	440			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CALIF HOSPITALIST MEDICAL CORP 1900 MOWRY AVENUE SUITE 309 FREMONT, CA 94538	physician (hospitalists)	774,000
patterson elena md po box 4056 foster city, CA 94404	anesthesiology services	453,100
CHILDRENS HOSPITAL OAKLAND 747 52ND STREET OAKLAND, CA 94609	PHYSICIAN (PEDIATRIC)	447,711
securitas security usa inc file 57220 los angeles, CA 90074	security services	376,839
AFFILIATES IN IMAGING 418 30TH STREET OAKLAND, CA 94609	PHYSICIAN (IMAGING)	284,000
Total number of others receiving over \$50,000 for professional services	13	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BAYVIEW FUNDING DBA MEDI-LEND NURSI PO BOX 881774 SAN FRANCISCO, CA 941881774	REGISTRY	643,052
RNS INC 225 W WINTON AVE SUITE 206 HAYWARD, CA 94544	REGISTRY	456,282
COUNTY BANK DBA POWER PERSONNEL PO BOX 1089 SAN JOSE, CA 95108	REGISTRY	353,872
GATEWAY ACCEPTANCE COMPANY AC NURS PO BOX 4053 CONCORD, CA 94524	REGISTRY	235,029
NUCO HEALTHCARE LLC DBA PROMED AGEN PO BOX 94603 SEATTLE, WA 94124	REGISTRY	223,498
Total number of other contractors receiving over \$50,000 for other services	7	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$ 19,172</b> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	<b>1</b>	Yes	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	<b>3a</b>		No
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	Yes	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>		No
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year	0		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0		
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	0		

## Part IV

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- ☐
- Type I
- ☐
- Type II
- ☐
- Type III - Functionally Integrated
- ☐
- Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 **26a**

**b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts **26b** 0

**c** Total support for section 509(a)(1) test. Enter line 24, column (e) **26c**

**d** Add: Amounts from column (e) for lines 18 19  
22 26b

**e** Public support (line 26c minus line 26d total) **26e**

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) **26f**

**27 Organizations described on line 12:**

**a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:  
(2006) (2005) (2004) (2003)

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
(2006) (2005) (2004) (2003)

**c** Add: Amounts from column (e) for lines 15 16  
17 20 21 **27c**

**d** Add: Line 27a total and line 27b total **27d**

**e** Public support (line 27c total minus line 27d total) **27e**

**f** Total support for section 509(a)(2) test. Enter amount from line 23, column (e) **27f**

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g**

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h**

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<hr/>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000      \$1,000,000	<b>41</b>	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
<b>c</b> Media advertisements		No	0
<b>d</b> Mailings to members, legislators, or the public		No	0
<b>e</b> Publications, or published or broadcast statements		No	0
<b>f</b> Grants to other organizations for lobbying purposes	Yes		19,172
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		No	0
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
<b>i</b> Total lobbying expenditures (Add lines c through h.)			19,172

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash

- (ii) Other assets

#### b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

**b** If "Yes," complete the following schedule

[illegible]

# Additional Data

Software ID:  
Software Version:

EIN: 94-1668344

Name: HAYWARD SISTERS HOSPITAL DBA ST ROSE  
HOSPITAL

## Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Delmo della dora phd 27200 calaroga avenue hayward, CA 94545	vice chairperson 1 00	0	0	0
michael p mahoney 27200 calaroga avenue hayward, CA 94545	presidentceo 50 00	0	19,108	0
michael s taylor cpa 27200 calaroga avenue hayward, CA 94545	senior vice presidentCFO 50 00	212,772	31,790	0
Bob Senna Jr 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
shelley horwitz 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
sammy t hung md 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
bishop j w macklin 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
Kathleen A Streeter 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
honorable richard valle 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
mariellen faria 27200 calaroga avenue hayward, CA 94545	vp patient services 50 00	168,784	25,799	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
charles feldstein md 27200 calaroga avenue hayward, CA 94545	vp medical affairs 50 00	110,682	19,802	0
kenneth henkelman 27200 calaroga avenue hayward, CA 94545	vp support services 50 00	140,005	17,496	0
KWAN-SIAN CHEN MD 27200 calaroga avenue Hayward, CA 94545	TRUSTEE 1 00	0	0	0
JAY HARRIS 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
Gary Smith 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
ERIC S KOHLERITER MD 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
JULIE MCKILLOP 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
RONALD G PECK ESQ 27200 calaroga avenue Hayward, CA 94545	TRUSTee, 1 00	0	0	0
sheriff emeritus CHARLES PLUMMER 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
CHARLES RAMORINO 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
sherman I balch 27200 calaroga avenue hayward, CA 94545	chairman 1 00	0	0	0
JOHN DAVINI 27200 calaroga avenue Hayward, CA 94545	VP FOR HUMAN RESOURCES SERVICES 50 00	146,200	15,991	0
JANET L GARIN 27200 calaroga avenue Hayward, CA 94545	Trustee 1 00	0	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
st rose hospital foundation	X	
ST rose medical building inc	X	

Form

**4562-FY****Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-

**2007**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

HAYWARD SISTERS HOSPITAL DBA ST ROSE  
HOSPITAL

Business or activity to which this form relates

Form 990 Page 2

Identifying number

94-1668344

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562FY	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	1,939,197
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No**24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal(noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2007 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2007 Compensation Schedule**

**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

**EIN:** 94-1668344

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
michael p mahoney	st rose medical building inc	94-2856700	affiliate organization	291,082	11,821	5,400	COMPENSATION FOR SERVICES PERFORMED AS PRESIDENT/CEO

**TY 2007 General Explanation Attachment****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Identifier	Return Reference	Explanation
Statement of Primary exempt purpose	Form 990, PART III	<p>Hayward Sisters Hospital dba St Rose Hospital (the Hospital) owns and operates a general acute care hospital located in Hayward, California, and the sole corporate member of St Rose Hospital Foundation and Saint Rose Medical Building, Inc. Founded in 1962, the Hospital is currently licensed for 163 beds and has an active medical staff of over 90 with another 175 plus physicians with provisional admitting privileges. The hospital's primary service area comprises of the cities of Hayward and Union City of the East Bay in the greater San Francisco area of Northern California. The population of this service area is roughly 200,000 and the hospital is situated in a predominantly working-class section of Hayward. The hospital services include primary and secondary medical/surgical services, critical care and intensive care units, 24-hour emergency services, a family birthing center, a skilled nursing unit, cardiac services, an occupation health clinic, rehabilitation, a pediatric clinic, a mobile van clinic, outpatient surgery, and laboratory/imaging services. As part of the Hospital's mission, St Rose offers these services to all those in need. Saint Rose Medical Building Inc, founded in 1981, has its primary purpose of providing primary office space to physicians and other medical professionals providing medical services at St Rose Hospital and to ultimately benefit our patient population with added convenience and a full spectrum of care. The primary purpose of St Rose Hospital Foundation since its incorporation in 1977 is to procure and extend financial aid to St Rose Hospital.</p>

**TY 2007 Land etc. Schedule****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	155,087		155,087
Land Improvements	1,034,313	804,273	230,040
Buildings	27,513,901	19,272,674	8,241,227
Capital Leases	2,175,988	1,883,771	292,217
Automobiles	252,714	252,714	0
Furniture	1,953,681	1,634,854	318,827
Equipment	16,961,926	14,433,289	2,528,637
Computer Hardware	3,480,669	3,159,303	321,366
Computer Software	2,401,214	1,885,381	515,833
CIP	2,800,099		2,800,099

**TY 2007 Mortgages and Notes Payable Schedule****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344**Total Mortgage Amount:** 0

<b>Item No.</b>	1
<b>Lender's Name</b>	via christi health system
<b>Lender's Title</b>	NA
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	4220000
<b>Balance Due</b>	4006193
<b>Date of Note</b>	2005-09
<b>Maturity Date</b>	2008-08
<b>Repayment Terms</b>	None
<b>Interest Rate</b>	0.0000
<b>Security Provided by Borrower</b>	deed of trust
<b>Purpose of Loan</b>	capital financing
<b>Description of Lender Consideration</b>	na
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	residential Funding Corporation
<b>Lender's Title</b>	NA
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	12500000
<b>Balance Due</b>	11041667
<b>Date of Note</b>	2005-08
<b>Maturity Date</b>	2009-05
<b>Repayment Terms</b>	41666.67/month
<b>Interest Rate</b>	6.4860
<b>Security Provided by Borrower</b>	hospital assets
<b>Purpose of Loan</b>	capital financing
<b>Description of Lender Consideration</b>	na
<b>Consideration FMV</b>	

<b>Item No.</b>	3
<b>Lender's Name</b>	GMAC-RFC HEALTH CAPITAL
<b>Lender's Title</b>	NA
<b>Relationship to Insider</b>	NOne
<b>Original Amount of Loan</b>	6048045
<b>Balance Due</b>	10169737
<b>Date of Note</b>	2005-08
<b>Maturity Date</b>	2006-03
<b>Repayment Terms</b>	Rev I/C
<b>Interest Rate</b>	5.9860
<b>Security Provided by Borrower</b>	hospital assets
<b>Purpose of Loan</b>	capital financing
<b>Description of Lender Consideration</b>	Na
<b>Consideration FMV</b>	

<b>Item No.</b>	4
<b>Lender's Name</b>	phillips-Capital Lease
<b>Lender's Title</b>	NA
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	2546494
<b>Balance Due</b>	21328
<b>Date of Note</b>	2002-12
<b>Maturity Date</b>	2008-04
<b>Repayment Terms</b>	60 mos
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	leased equipment
<b>Purpose of Loan</b>	leased equipment
<b>Description of Lender Consideration</b>	NA
<b>Consideration FMV</b>	

<b>Item No.</b>	5
<b>Lender's Name</b>	hospital credit
<b>Lender's Title</b>	NA
<b>Relationship to Insider</b>	none
<b>Original Amount of Loan</b>	66830
<b>Balance Due</b>	1291
<b>Date of Note</b>	2002-04
<b>Maturity Date</b>	2008-01
<b>Repayment Terms</b>	60 mos
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	leased equipment
<b>Purpose of Loan</b>	leased equipment
<b>Description of Lender Consideration</b>	NA
<b>Consideration FMV</b>	

**TY 2007 Other Assets Schedule****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Beginning of Year Amount	End of Year Amount
Bond Issuance Costs	150,435	240,796
insurance reimbmedi-calmedicare reimbursement	8,765,345	6,433,660
Receivable for Imaging Center	34,457	53,629
Due From Medical Building	781,443	1,558,333
Due from FoUndation	349,140	503,564
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	4,071,000	2,319,474
assets limited to use	999,158	874,451

**TY 2007 Other Changes in Net Assets Schedule****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Amount
changes in net unrealized gainloss	-1,002
Change in Minimum Pension Liability	-2,985,371
unrealized loss on stamm trust	-124,707
Intercompany Payable Not Reported in Audited Financial Statements	-26

**TY 2007 Other Expenses  
Not Included Schedule**

**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

**EIN:** 94-1668344

Description	Amount
grants from foundation	945,127

**TY 2007 Other Liabilities Schedule****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Beginning of Year Amount	End of Year Amount
self insurance reserve	2,986,037	2,503,686
ACCRUED PAYROLL AND PAYROLL-RELATED LIABILITIES	4,974,058	5,994,293
Pension Liability	1,632,471	6,514,721
Due to foundation	0	26

**TY 2007 Other Revenues Included Schedule****Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Amount
CHange in Minimum Pension LIability	-2,985,371
Unrealized Loss on Stamm Trust	-124,707
contribution from foundation	-945,127

## TY 2007 Non Electing Public Charities Statement

**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

**EIN:** 94-1668344

**Statement:** Portion of CHA membership dues are used for lobbying expenditures